

**CITY OF MANKATO, CITY CLERKS OFFICE, 10 CIVIC CENTER PLAZA,
P.O. BOX 3368, MANKATO, MN 56002-3368**

**TRANSFER APPLICATION FOR RENTAL LICENSE
LICENSE WILL NOT BE PROCESSED UNLESS APPLICATION IS FILLED OUT IN FULL
AND RETURNED WITH \$15 PAYMENT**

***This application may not be used to add units, add bedrooms, or change the use of property.
A new rental application is required to add units, add bedrooms, or change the use.***

(Please Type or Print Clearly)

ADDRESS OF RENTAL UNIT: _____

NAME OF OWNER: _____ PHONE # _____
(first) (middle) (last)

ADDRESS: _____ DATE OF BIRTH: _____
(street address) (city) (state) (zip)

(Please include previous addresses for three years prior to date of application)

PREVIOUS ADDRESS: _____ DATES: _____ to _____
(street address) (city) (state) (zip)

EMAIL: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ____ YES ____ NO

MANKATO CITY CODE requires a local agent if owner does not live within a 30-mile radius of the City as measured from the Veterans Memorial Bridge.

NAME OF AGENT (if any): _____ PHONE # _____
(first) (middle) (last)

ADDRESS: _____ DATE OF BIRTH: _____
(street address) (city) (state) (zip)

*****Note if owner or agent is a business, include the above information for the principals*****

REFUSE HAULER: _____ RECYCLING HAULER: _____
(Required in Triplexes and larger)

**READ THE FOLLOWING CAREFULLY BEFORE CHECKING WHICH TYPE OF RENTAL UNIT APPLIES
CHECK ONE ONLY AND COMPLETE QUESTIONS FOR THAT SECTION**

_____ SINGLE FAMILY UNIT Number of bedrooms _____

_____ TWO FAMILY UNIT Number of bedrooms unit #1 _____ Number of bedrooms unit #2 _____

If the property is located in an R-1 or R-2 District and the license number is 2492 or greater the occupancy is limited to Family – Traditional OR Family – Functional. (See definitions below)

1. Traditional. A traditional family means one or more persons related by blood or marriage residing in a single dwelling unit; or
2. Functional. A functional family means a collective group of unrelated persons residing in a single dwelling unit, limited to not more than two adult persons, together with their traditional family members of any age.

I have read the above and understand the occupancy limits associated with this property _____.
(Applicant's initials)

_____ APARTMENT BLDG (TRIPLEX, FOURPLEX, OR GREATER) Number of units _____ Number of stories _____
1 bedroom _____ 2 bedroom _____ 3 bedroom _____ 4 bedroom _____ 5 bedroom _____

_____ MOBILE HOME - Number of bedrooms _____

MORE ON THE OTHER SIDE – MAKE SURE TO READ AND COMPLETE ALL INFORMATION →

I hereby certify that all information contained herein is true and accurate. I hereby grant permission of the City of Mankato to make inspections of the structure listed herein to determine its compliance with City Codes. I agree to maintain the premises to standards, which are set forth by the City of Mankato. I understand that my failure to comply with these requirements will result in a monetary fine or revocation of the license.

I hereby certify that the agent listed herein (if any) is authorized to receive summons and complaints on behalf of the owner. The owner and /or agent agree to promptly notify the City of any change in agent or transfer of ownership. Transfer applications will not be final until all inspections and required improvements are completed. **I understand that failure to complete the necessary code requirements within sixty (60) days from the date of the inspection will result in my application being cancelled. I also understand that per Chapter 5 of the City Code, I need to be up to date on all financial obligations relative to real property within the City and not have any outstanding/unpaid bills (licenses, utility bills, property taxes, etc.).**

I certify that I have requested a background check for the agent/property manager listed herein (if any), pursuant to MN Statutes § 299C.68.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

THIS TRANSFER APPLICATION IS REQUIRED FOR THE FOLLOWING REASONS:

_____ NEW OWNER

_____ OTHER _____

CITY CLERK: The Transfer application was received on _____.

License number _____ Expiration year _____

RENTAL INSPECTOR: The structure has been inspected and it (is) (is not) in compliance with the City's rental housing code.

If an inspection has not been performed within 365 days an inspection is required at the time of transfer.

Inspector: _____ Date: _____

The repairs necessary to bring the structure into compliance for this application were completed on _____.

TO CASHIERS: This is a TRANSFER application. Ring up payment and return to City Clerk.

DATE PAID: _____

AMOUNT PAID: _____

